BOOK REVIEW


The first part of this treatise deals with minimum-clearance contact lenses. Haptic contact lenses, the corneal fit, and the practitioner's fitting routine are fully described and discussed. In the second part, corneal lenses are similarly considered and the difficulties encountered in their use explained.

The author suggests that full clearance ventilated lenses should be fitted when all-day toleration is desired, and bare-clearance ventilated or sealed lenses when an occasional or limited period of wear is desired. There are many excellent illustrations which clarify the text, and the book, written from the practical viewpoint, will prove a valuable asset to the contact lens practitioner.

NOTES

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM

The 73rd Annual Congress of the Ophthalmological Society of the United Kingdom was held at the Royal Society of Medicine in London, under the presidency of Mr. Alex. MacRae of Newcastle, on April 23-25, 1953. Over 200 members were present, and the distinguished visitors from abroad included Dr. S. J. Braathen, (Norway), Dr. Noelle Chomé (Switzerland), Prof. A. Feigenbaum (Israel), Dr. P. Laurent (France), Dr. D. C. Macdiarmid (New Zealand), Dr. Alexander Mac-Donald (Canada), Dr. Henri Miller (France), Dr. Arne Mohen (Norway), Dr. Ge-Saubermann (Switzerland), and Prof. Alan Woods (U.S.A.).

After the short opening speech by the President on "The Prognosis in Malignant Melanoma of Choroid and Ciliary Body", in which he reviewed the progress of over sixty consecutive cases, papers were read on an interesting diversity of subjects.

Mr. E. F. King reported two cases of thyrotoxicosis after keratoconus and discussed the significance of their association.

Mr. P. L. Blaxter described and discussed a new provocative test for glaucoma (the bulbar pressure test).

Mr. A. G. Cross gave a humane account of the liberal ideal in the exercise of ophthalmology.

Mr. Arthur Lister and Mr. F. B. Zwink followed the course of central retinal vein thrombosis under different treatments, concluding that no essential benefit accrued from these.

Mr. Frederick Ridley surveyed 600 contact lens cases treated at the Westminster Branch of the Moorfields, Westminster and Central Eye Hospital.

Mr. T. Keith Lyle discussed some pitfalls in the diagnosis of plero-cephalic oedema.

Mr. A. L. McCurry reported some cases of the Stevens-Johnson syndrome.

Mr. J. H. Doggart gave an engaging account of the conditions in which calcium is deposited in the cornea.

The Bowman Lecture was delivered by Professor Sir Geoffrey Jefferson on "The Syndromes of the Cavernous Sinus", illustrated by a wealth of cases.

The principal discussion, on "The Scope of Antibiotics and Chemotherapeutic Agents in Ophthalmology", was opened by Prof. Robert Cruickshank, who stressed the point that the variations in the sensitivity of bacteria, and the possibility of otherwise sensitive organisms developing resistant variants, made it essential that antibiotics should be used
for the treatment of specific infections and not of clinical syndromes. If this was to be done there must be close collaboration between clinician and bacteriologist. It was essential never to forget possible toxic manifestations of antibiotics and chemotherapeutic agents. Allergic reactions, blood dyscrasias, and secondary effects resulting from elimination of normal flora were among the most important. Local irritation or necrotic action was especially important in ophthalmology and might be assessed by the effect of antibiotics on tissue culture. Drug resistance might sometimes be overcome or prevented by the combination of two chemotherapeutic agents. Synergetic effect might be obtained by combining two bactericidal substances. There was a possibility, however, of antagonistic action when a bactericidal drug was used in combination with a bacteriostatic substance.

Professor Arnold Sorsby pointed out that the eye was pharmacologically a double organ. Diseases of the external eye responded to antibiotics in the same way as diseases of other tissues of the body. However, drugs given systemically were prevented by the blood-aqueous barrier from entering the intra-ocular fluids and cornea freely. Consequently special problems were presented in the treatment of infections of the interior of the globe and cornea. Small concentrations of antibiotics could be found in the aqueous after enormous systemic doses, but only penicillin was sufficiently non-toxic to allow such dosage. Subconjunctival injection was required if high intraocular concentration was to be obtained. Suitable antibiotics for this method of administration were penicillin and streptomycin in solution, and chloramphenicol in micronized suspension. Of the relatively non-toxic sulphonamides, sulphamerazine was the most likely to be effective in intra-ocular infection as it penetrated the blood-aqueous barrier the most readily.

Mr. Derek Ainslie then described a hitherto little used antibiotic, polymyxin, the particular property of which was its powerful bactericidal effect against the Gram-negative bacillary organisms. He had found it suitable for subconjunctival injection, and, when given in this way, it was effective against both experimental and clinical infections of the cornea due to the destructive Ps. pyocyanea.

Dr. Saubermann (Switzerland) said that intra-ocular infections could be treated with aureomycin given intravenously. Dr. Miller (France) stated that he had found that the application of antibiotics to a scarified area of the sclera induced intra-ocular penetration.

On the second afternoon members attended demonstrations at the Institute of Ophthalmology and the Contact Lens Centre of the Westminster Branch of the Moorfields, Westminster and Central Eye Hospital. At the Institute an excellent pictorial and histological demonstration, arranged by Dr. Norman Ashton, covered a wide field of pathological and clinical conditions, and the various research laboratories gave demonstrations of the particular work in progress. This demonstration was well attended and was very much appreciated by all who were able to visit it. At the Westminster Branch the Contact Lens Centre under Mr. F. T. Ridley demonstrated the methods and organization now employed, the results of which Mr. Ridley had described in a paper on the previous day.

On the final morning Mr. C. Dee Shapland described changes in the refraction of the eye following the operation of lamellar scleral resection. Mr. R. A. Weale discussed some aspects of total colour blindness, concluding that cone-monochromatism was a defect which must be located not in the retinal receptor layer but in a more central zone. Mr. F. R. Neubert showed a large number of excellent photographs of vascular patterns on the eye and discussed their significance. Mr. E. S. Perkins described a simple applanation tonometer and Dr. Alexander E. MacDonald dealt with the practical application of cortisone and the technique of maintenance treatment.

The meeting was closed by a film show provided by Mr. A. S. Philips, Dr. H. Miller, Mr. C. Dee Shapland, and Mr. Harold Ridley. A trade exhibition of ophthalmological instruments was also held in the adjacent building.

The congress provided, as always, a very agreeable social setting to this interesting succession of papers, and the dinner at the Trocadero Restaurant formed a pleasant central point to the proceedings.